

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, IN 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*PLA Executive Director*

### Health Facility Administrator CE Provider Renewal Form

To renew, please complete this form in its entirety and submit it with your renewal fee of \$100 and advertising brochures (see below) to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your license expiration date you must include a \$50 late fee.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Licensee Name	License Number	Expiration Date	Renewal Fee Included
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

<b>RENEWAL REQUIREMENTS</b>
Pursuant to 840 IAC 1-3-2, a sponsor of Health Facility Administrators level continuing education courses shall submit by January 31 <sup>st</sup> of each year the following information to request renewal:  (1) This renewal application. (2) Pay a renewal fee of one hundred dollars (\$100) or one hundred and fifty dollars (\$150) if expired. (3) Send a copy of the advertising brochure for your Health Facility Administrator programs

<b>LICENSEE AFFIRMATION</b>	
My signature below indicates our desire to renew the CE Sponsor relationship for another year and that we agree to periodic monitoring of our programs.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at [www.pla.in.gov](http://www.pla.in.gov). If you have any questions for the Health Facility Administrator Board please email [pla10@pla.in.gov](mailto:pla10@pla.in.gov) or call 317-234-3022.

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date